Nestor Primecare Services Limited

# Allied Healthcare Hull

## Inspection report

Unit 5, Marfleet Environmental Industrial Park
Hedon Road
Hull
North Humberside
HU9 5LW

Tel: 01482798669
Website: www.nestor-healthcare.co.uk/

Date of inspection visit:
08 November 2017
09 November 2017

Date of publication:
04 December 2017

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

The inspection took place on the 8 and 9 November 2017 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be available in the location office when we visited. The service provides personal care to people who live in their own homes in the East Hull area. At the time of our inspection there were 168 people receiving care and support from Allied Healthcare Hull.

During our inspection on 1 and 2 December 2016, we found the provider had taken appropriate action to achieve compliance with all of the regulations previously identified as non-compliant during the comprehensive inspection in June and July 2016. The service was rated 'requires improvement' at our inspection in December 2016 as we needed to ensure the improvements we found were sustained over time. At this inspection, we found the improvements have been sustained and we have rated the service as good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC). Like providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found staff were recruited safely and sufficient numbers of staff provided individual packages of care and support. Staff received training in how to safeguard people from the risk of harm and abuse and they knew what to do if they had concerns. Medicines were handled safely and staff had received training in this area. We saw people had assessments of their needs prior to the provider offering them a service and senior staff completed individual risk assessments and care support plans.

Staff understood how to gain consent from people who used the service and the principles of the Mental Capacity Act 2005 were followed. People who used the service were supported by staff to eat a healthy diet and drink sufficiently to meet their individual needs, in line with their personal preferences. We found people were supported by a range of healthcare professionals to ensure their needs were met effectively.

Calls were managed by an electronic system and travel time had been introduced that ensured staff had sufficient time to travel between people's homes and stay for the full-allocated call time. This had been supported further by the redeployment of staff into teams where calls were closer together; meaning less travelling time was required.

Staff were observed as kind and caring in their interactions with people and privacy and dignity were respected

.

The registered manager and staff were responsive to people's changing needs. Reviews of people's care were held on a regular basis and people who used the service were involved in the initial and on-going planning of their care. Care plans were in place, which focussed on supporting people who used the service

to maintain their independence and ensure their care needs were met.

The service was led by a registered manager, who understood their responsibilities to inform the CQC when specific incidents occurred within the service. We found quality assurance systems were in place that consisted of audits, daily checks and questionnaires and details of any action taken to improve the service when shortfalls were identified.

A copy of the complaints policy and procedure was provided to each person and people told us they felt able to raise concerns with staff or the registered manager.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

Sufficient staff were available to meet people's identified needs. Staff were safely recruited and trained in how to safeguard people.

Systems and processes were in place to ensure people received their medicines safely.

Known risks were recorded and action was taken to ensure these were mitigated when possible.

The provider and registered manager reviewed all accidents and incidents that had occurred, so learning could take place.

### Is the service effective?

Good

The service was effective.

People who used the service, were supported by staff that had received a robust induction and essential training in how to effectively meet their needs. Staff received regular supervision, support and appraisal.

Consent was gained before care and support was delivered and the principles of the Mental Capacity Act 2005 followed.

### Is the service caring?

Good

The service was caring.

People told us they were well cared for. Staff had developed both positive and caring relationships with people and were seen to respect their privacy and dignity.

Staff were knowledgeable about the support people needed and their preferences for how their care and support was delivered. People were involved in decisions about their care.

### Is the service responsive?

Good

The service was responsive.

Care support plans were available to guide staff in how to support people based on their assessed needs in line with their preferences and wishes.

People we spoke with were aware of how to make a complaint or raise a concern and were confident these would be taken seriously.

## Is the service well-led?

Good

The service was well-led.

A quality assurance system was in place, which consisted of audits, checks and feedback provided by people who used the service and stakeholders.

Staff told us they felt supported by the registered manager and other senior staff. They told us the management team were approachable and encouraged people who used the service and staff to be actively involved in developing the service.

# Allied Healthcare Hull

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 8 and 9 November 2017 and was announced.

The provider was given 48 hours' notice because the location is a domiciliary care service and we needed to ensure someone would be in the office.

The inspection team consisted of one adult social care inspector and an expert by experience who made telephone calls to people who used the service and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection the provider completed a Provider Information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local authority commissioning and safeguarding teams to gain their views of the service. We also looked at the notifications we had received from the service and reviewed all the intelligence CQC held, to help inform us about the level of risk for this service.

We visited the office location on both days of the inspection to see the registered manager and office staff; and to review care records and policies and procedures. On the second day of the inspection we visited four people in their own homes with staff from the agency.

During our inspection, we spoke with fifteen people who used the service and two of their relatives. We looked at care records for ten people who used the service and other important documentation including; medication administration records (MARS) and monitoring charts for food and fluids and weights.

We also spoke with the registered manager, two care coordinators, a care delivery trainer and six members

of care staff. We also looked at personnel and training files for eight members of staff, staff supervision and appraisal records, as well as other records used in the management and monitoring of the service.

Good

# Is the service safe?

## Our findings

People who used the service told us they felt safe and they were aware of who they should speak with if they needed to raise a concern. Comments included, "Safe, yes they [staff] do what they have to do, they help me get dressed in the mornings. I do my medication and they help me with my drops. They put it on a chart and in my care plan. I've got a key safe for them to get in. I've got an alarm round my neck I can press." A relative we spoke with said, "Yes I thinks so. She [carer] knocks to let her know she's here. She's [family member] got a key safe. I do the medications."

Another service user told us, "I have regular carers, lovely always. I feel safe I have complex needs and they help me with everything. They give me my meds. I have a key safe, they shout good morning it's [Name of carer]." Another relative commented, "Safe because I can trust everything they do for her. I do her medication." Other people told us, "They are very friendly we always have a chat when they've finished. They are caring and kind and always keep me covered when I'm washing."

When we spoke with the registered manager and staff we found they had a clear understanding of the different types of abuse and how to recognise these and what to do if they witnessed any poor practice. They told us there were comprehensive safeguarding and whistleblowing policies in place and the training provided them with the information they needed to understand the safeguarding processes.

We reviewed accident and incident records and saw that appropriate action was taken in response to identified concerns. We saw these were assigned to the registered manager to review and identify any actions that needed to be taken. Accidents and incidents were recorded electronically and were reviewed centrally by senior managers. The registered manager told us that progress was monitored and they were unable to close an investigation until all steps had been completed and full approval had been given by their manager that they were satisfied with the outcome. This meant appropriate systems were in place to enable learning from incidents and mitigate re occurrences, to keep people safe from avoidable harm.

Records showed risks were well managed through individual risk assessments that identified potential issues and provided staff with information to help them mitigate risks, while supporting people to maintain their independence. For example, this included identifying trip hazards and ensuring people had the correct equipment and aids in place to promote their independence. These also identified any behaviours that may present challenges to staff and how staff should respond. We saw risk assessments were reviewed regularly and when people's needs changed, for example, when people had been discharged following a hospital admission.

We saw that suitable arrangements were in place to support people with the ordering, storage and administration of medicines. Protocols had been developed to ensure that when PRN [as required] medicines were used this was done safely and consistently.

We visited four people during our inspection and they told us, "I always get my medicine on time" and "Yes, I have no problems getting it when I should, they [staff] sort it all for me." We looked at people's medication

administration records (MARs) with their permission and found these had been completed correctly, with no issues or concerns identified. When omissions had been made for example, when someone had been out with their family, staff had had included information detailing the reason for this.

The provider had a system in place to audit medicines to ensure they were handled safely and people received their medicines as prescribed. When we spoke with staff they confirmed medication audits took place and that when recording issues were identified, corrective actions were implemented to prevent re-occurrence. For example, staff were stopped from administering medicines until they had completed the medication training again and been re-assessed as competent to carry out this role.

Staff we spoke with told us there had been changes made since the last inspection to the way teams were structured. They explained that instead of working over larger areas, they were assigned to one particular area. This meant they had less travelling time between calls and they felt this was more conducive to a positive way of working. They told us, "It is so much better now, we spent less time travelling and have more time with people" and "Yes, it is a much better way of working for us and our customers."

The registered manager showed us how they managed calls electronically. The system flagged up when a call was missed and any identified would be investigated. They showed us the call records for October where 13,565 calls had been completed. During this period, one call had been missed. A full investigation had been completed and the incident was due to an issue with the electronic system, this has since been rectified.

We looked at the staffing levels and we saw there were sufficient care workers employed to ensure people's identified care and support packages were provided consistently. The registered manager told us that they had recently recruited a further eighteen members of staff, to accommodate the increasing demand for new care packages. Staff we spoke with confirmed there were adequate staffing levels in place. Comments included, "It is only on a rare occasion that we may be asked to do overtime, usually for the odd sickness cover, which isn't often." Others told us, "I have a regular rota and regular people I support, so I know what I am doing and when" and "The new rotas are great, both for us and for providing a small dedicated team approach for our customers."

We reviewed recruitment files for eight staff and saw that suitable checks had been completed before prospective staff were employed. The files we saw contained application forms, interview questions and responses, references and Disclosure and Barring Services (DBS) checks. The DBS complete background checks and enables organisations to make safer recruitment decisions. This helped to ensure people were not supported by staff that had been deemed unsuitable to work with vulnerable adults. The registered manager told us that DBS checks were completed every three years for all staff.

The registered manager explained the service's safety management system and provided us with the extensive lone working policy that ensures staff are safe whilst working independently. An out of hours on call facility, where people using the service and staff can access support and advice was also in place.

An 'Early Warning System' (EWS) allowed staff to share information centrally any concerns they had about people using the service for example, self-neglect and, general well-being. These records were maintained on people's individual files so early changes could be monitored and prevention measures implemented as required.

Good

# Is the service effective?

## Our findings

When we asked people who used the service if staff sought their consent prior to care delivery, they told us, "They are caring and kind and always ask permission to help me first." Another person told us, "They always ask if they can come in and explain what they are going to do and ask if that's okay with me."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who lack the mental capacity to do this for themselves. The Act requires, as far as possible, people make their own decisions and are helped to do so when this needed. When they lack capacity to take particular decisions, any made on their behalf must be made in their best interest and as least restrictive as possible. We found the provider was working within the legislation.

The registered manager and staff we spoke with were able to demonstrate a good understanding of how they supported people to make their own decisions. They described offering people choices and gaining their consent before they delivered any support. Staff told us that if they had any concerns about any changes in people's capacity, they would share this information on the electronic monitoring system known as 'the early warning system'. They told us, "Any concerns we have or changes in people we can share quickly with the office and they can make a referral to their GP and the community health team for further assessment. It is a good system and it works well."

We looked at the care records for ten people who used the service and found capacity assessments were completed. Records of consent to care and support had been obtained and recorded in line with legislation and guidance.

People's preferences for the types of foods they liked and their preferred patterns of eating were documented within their individual care plans. For example, if they preferred their main meal at lunchtime or in the evening. This helped to support people to eat and drink enough and maintain a balanced diet.

Staff we spoke with described to us the individual needs of people they supported in relation to nutrition and provided us with examples of people's different needs. They told us, "For one of the people I support, we go out shopping together for groceries, so they are able to choose what they want and when they want to have it. Other people have their families doing their shopping for them, so we will ask people or show them what is available for them to have." Another staff member told us, "We always ensure that people are left snacks and drinks they can have in between calls, it is important for people to have adequate fluids. Some people will tell us they aren't hungry, when this happens I will suggest I leave them something they can have later, a sandwich or salad or something, it's usually gone when I return for the later call. If not, then I let the office know as it may be a sign they are unwell."

People's nutrition and weights were monitored and where needed other professionals were involved for example; speech and language team and dietician. Evidence of health appointments were detailed in people's care and support plans and showed people had access to a number of healthcare professionals including; GP's, district nurses and, specialist nurses. Records showed necessary referrals were made in a

timely manner when this had been required.

When we asked people who used the service if they thought staff had the skills and knowledge to support their needs they told us, "They know what they're doing. We always have a chat when they've finished; they come four times a day. They order my medicines from the chemist they put it in a little dish for me and I take them one at a time. I have regular carers. I do my own food, I only eat small meals, I buy frozen meals and I get assurances from the doctor they have got everything in them. The carers I know would make me something if I asked them." Another told us, "They are professional. My biggest regret is I don't get out now". Others commented, "There's enough staff and they know what they're doing, I feel fully involved in my care" and "If I ask them to do things there is no question. The staff are professional, I couldn't fault them."

Each person accessing the service had an individual log book that staff used to record information and details of care and support given. Any identified concerns were recorded on the electronic early warning signs system to flag with senior staff for further advice and action. Examples of this included, people appearing unwell, declining their medication and any changes to their skin integrity or food and fluid intake.

Staff we spoke with told us they had completed a full induction prior to commencing their role. Staff who were in the process of completing their induction, were allocated a care coach who supported them through the induction process and assessed their skills development until they were confident and competent in their role. Records showed that managers had signed people's induction records to identify they had completed and met the requirements to undertake their role independently.

Staff told us they received regular supervision and appraisal and had regular observations of their performance by senior staff. We saw evidence to confirm staff had completed a range of training to ensure they had the skills and abilities to meet the assessed needs of the people who used the service.

The registered manager told us they felt supported by the provider and senior managers and attended regular management meetings, where best practice and changes to legislation were discussed.

The provider had made certain training mandatory for all staff including, fire training, moving and handling, risk assessment, infection control, safeguarding, management of medicines, food hygiene, equality and diversity and emergency first aid. Other training provided included The Mental Capacity Act 2005, end of life care, diabetes, mental health and dementia. Staff we spoke with told us they felt the training was very good and that they were told when any training was due for an update. A member of staff said, "We seem to have a lot of training and if there is anything we want, we just need to suggest it and it will be arranged for us."

Good

# Is the service caring?

## Our findings

People who used the service told us they were supported by kind and caring staff that knew their needs and understood their preferences for how their care and support was delivered. All of the people we spoke with were complimentary about the care they received.

Two of the fifteen people we spoke with commented on the fact they preferred older carers and when we asked them if they had shared this information with the agency, neither had. We spoke with the registered manager who told us that any preference for care delivery could be accommodated and recorded on the electronic system, so if any staff were allocated a call that did not relate to a person's carer preference, an alert would be displayed showing it was an incompatible match. The registered manager told us they would arrange a visit to speak with the two people to ensure their care preferences were accommodated.

They [registered manager] told us, "I want people to have a service they are happy with; if it isn't then it needs to change. They have chosen to stay in their own homes, so we should be able to provide the care they want – a good service. The same as we would want for our own family."

Comments about the caring nature of the staff we received from people who used the service included, "They help me with washing and dressing they are very good. They respect my privacy and dignity and always ask if there is anything I need doing" and, "All the carers I've had are polite and caring I couldn't fault them." Other people told us, "Personal care - they do everything; they always ask permission and they respect my privacy and dignity" and "They definitely respect my privacy and dignity. They say, 'I'll give you a hand if you need it'. They're very gentle, we respect each other."

We observed staff were kind and caring in their interactions with people. When staff members discussed plans with the people they were supporting we saw this was done in a calm and encouraging way. For example, when we visited people in their own homes, these visits had been pre-arranged, we saw staff went to check with people that it was still convenient and remind them of the reason for our visit.

We saw staff worked in a person centred way during the inspection. Person centred is a way of thinking and doing things that sees the people using the service as equal partners in planning, developing and monitoring care to make sure it meets their needs. When we asked people who used the service and their relatives if they were involved in the planning of their care they told us, "Yes we are involved in assessments and meetings about her care. She has one main carer; all girls. Never missed a call. She has three visits a day." Another told us, "I had an assessment, I've got a plan and I feel involved in my care." People told us, they were treated with compassion, dignity and respect and staff were respectful of people's cultural and spiritual needs.

All of the staff we spoke with had an in depth understanding of the people they supported, their personalities, their particular interests and their preferred routines. Care plans seen detailed what staff had told us about people's preferences. Communication care plans were also in place, which provided staff with further information about how people communicated. Records showed that people's care plans were

regularly reviewed and where required, updated in line with their changing needs.

We cross-referenced the daily records maintained by staff and known as 'log books'. These evidenced staff provided planned care in line with people's preferences. Staff we spoke with told us, "The log books are really good, we can see really quickly what needs to be done and we can check so nothing is missed. Another commented, "It is really useful for when someone may be off their food for example. If another carer has left them a sandwich or something out to eat, we can check if they have eaten it and monitor it."

The registered manager told us that each person accessing the service was provided with a client handbook on admission, which provided them with general information including, rights and responsibilities, advocacy services, out of hours services, confidentiality and data protection.

Good

# Is the service responsive?

## Our findings

All of the people who used the service and their relatives we spoke with told us staff were responsive to their needs and confirmed they were involved with the initial and on-going planning of their care. People told us, "I've had three reviews since I've been here every four months." Another service user said, "I have a yearly review. If I had a complaint I have the number, I would ring 'Allied' and tell them what I was worried about. I've never had to complain always been satisfied." Others commented, "I had a review today and they helped me with my personal independence payment application forms, think it's twice a year" and. "I've had one review. When I came out of hospital I was having calls twice a day but I did not need the teatime one so I talked to them and I just have the morning one now. They are approachable."

During our inspection, we reviewed the care and support plans for ten people who used the service. We saw people and their relatives had been involved in the development of their care and support plans. Each person had received on- going reviews and updates of their care plans; to ensure the information was up to date. Information within care plans was person centred to ensure people's preferences were available for staff. This included information for example, on how people wished to be addressed, how they liked their drinks prepared and food preferences.

Care plans focussed on each person as an individual and the support they required to maintain their independence. They described the holistic needs of each individual and details of how they wished to be supported within their homes and where appropriate, in the wider community. We found care plans to be well organised and easy to follow.

Staff we spoke with told us they read care plans and information was shared with them in a number of ways including logbooks, staff meetings and telephone calls and texts. Staff spoke about the needs of each individual and demonstrated a good understanding of their current and changing needs. This included what they needed support with, what they may need encouragement with and how they communicated and expressed their wishes.

When we asked staff if there was enough information available within care plans they told us, "Yes there is plenty of information and they guide us to what support the person needs, but more importantly how they want things done." Other care staff told us, "It's so much better now, if we have any concerns about our clients, like if they are unwell or off their food, we can ring the office and they are onto it straight away" and "If someone's needs change then the care plans are reviewed and updated without delay, so the information we have is correct."

We looked at complaints received by the service since our last inspection and saw each complaint was investigated and responded to in line with the provider's policy in a timely way. Each complaint was logged onto the internal electronic system. This was tracked by the registered manager and care delivery director to ensure it was processed in line with the provider's complaints policy. We saw, there was evidence of learning outcomes from incidents and whenever possible, these were shared with staff to improve the level of service provided.

When we spoke with people who used the service, they confirmed they knew how to complain. Comments we received included, "If there's a problem I'll talk to the carers first then the managers, no worries they are approachable." Other people commented, "If I'm worried about anything I can talk to the office staff. I've never had to complain but if I did I'd just phone the office" and "I can ring the office if I'm worried about anything. If I had a complaint, I would talk to [Name of office-based staff]. In the past, any problem I've had they've sorted it out and I'm happy."

Good

# Is the service well-led?

## Our findings

People who used the service and staff we spoke with told us that things had improved since the appointment of the new registered manager and that they felt the service was more organised. Comments included, "I believe things are much better, we have more time for our clients and they are more settled. We have time to get to our calls and we are on time." Another staff member told us, "Everything is more organised and we are listened to." People who used the service commented, "Yes, they listen to me, I have my regular team and I am happy."

The provider utilised effective quality assurance systems to ensure shortfalls were identified in a timely way and to drive continuous improvement within the service. The registered manager demonstrated how the provider's internal electronic quality assurance system was used to manage, schedule and record audits. These included the management of medication, care plan reviews, staff training and staffing. The system helped the provider to evaluate the processes and systems in place and implement corrective actions when errors or omissions were found.

The self-audit tool was designed to ensure that compliance documentation held within the service was up to date and fit for purpose. For example, records showed audits had identified missing documents from people's files identified, the registered manager would then add this onto their action plan for completion. Progress on actions, was checked at the quarterly peer audit by a senior manager. The chief executive, regional director and the operational excellence team manager also monitored progress with action plans on a monthly basis.

Quality reviews were also implemented every six months by the field care supervisors and results from these were fed back to the registered manager. Any areas that required improvement identified during this process were included in the action plan. This meant people received a service appropriate to their needs.

People who used the service and staff were actively involved in developing the service. This involved being asked to give feedback about their experiences through surveys. Telephone calls and visits to people who used the service, were also undertaken by office-based staff in order to gain their views. We saw evidence of collated feedback used to develop the service where possible. Staff gave an example of where an easily identifiable system had been adopted by the service following their suggestion.

People who used the service told us, "I've had questionnaires in the post. The carers help me fill them in and I talk on the phone to the office, when they ring to ask me if I am happy about things, they are easy to talk to" and "Yes the office ring me to see if everything is to my satisfaction and we get forms to fill in from time to time, so it's all good."

The registered manager told us, "I want to provide a service that I would be happy with, a good service, one that I would be happy for my own relative to use. I consider myself to be quite approachable; I have an open door policy. I like to see things done when they should be. I am firm but fair and I don't think there is anyone who couldn't come to me with anything – I would always try to help."

Staff received regular training, supervision and support. We saw staff competencies were reviewed and staff meetings held to share best practice. Staff we spoke with told us meetings were useful and provided them with an opportunity to share information with their colleagues and to keep up to date with any changes.

Training and supervision records were stored on the internal electronic system, so when a staff member required training updates or was due to have a supervision session or competency check, an automated alert was sent to the care delivery manager. They then allocated the task to the appropriate supervisor for further action. The system would not allow the alert to close until the task was fully completed.

The registered manager was aware of their registration responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who used the service. We reviewed the accident and incident records held within the service and found the service had notified the CQC of notifiable incidents as required.